

09/67403

1 of 2

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	22 minus 20 =	2
INDEPENDENT CLAIMS	8 minus 3 =	5
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

(Column 1)	(Column 2)	(Column 3)
1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
16	17	18
19	20	21
22	23	24
25	26	27
28	29	30
31	32	33
34	35	36
37	38	39
40	41	42
43	44	45
46	47	48
49	50	51
52	53	54
55	56	57
58	59	60
61	62	63
64	65	66
67	68	69
70	71	72
73	74	75
76	77	78
79	80	81
82	83	84
85	86	87
88	89	90
91	92	93
94	95	96
97	98	99
100	101	102
103	104	105
106	107	108
109	110	111
112	113	114
115	116	117
118	119	120
121	122	123
124	125	126
127	128	129
130	131	132
133	134	135
136	137	138
139	140	141
142	143	144
145	146	147
148	149	150
151	152	153
154	155	156
157	158	159
160	161	162
163	164	165
166	167	168
169	170	171
172	173	174
175	176	177
178	179	180
181	182	183
184	185	186
187	188	189
190	191	192
193	194	195
196	197	198
199	200	201
202	203	204
205	206	207
208	209	210
211	212	213
214	215	216
217	218	219
220	221	222
223	224	225
226	227	228
229	230	231
232	233	234
235	236	237
238	239	240
241	242	243
244	245	246
247	248	249
250	251	252
253	254	255
256	257	258
259	260	261
262	263	264
265	266	267
268	269	270
271	272	273
274	275	276
277	278	279
280	281	282
283	284	285
286	287	288
289	290	291
292	293	294
295	296	297
298	299	300
301	302	303
304	305	306
307	308	309
310	311	312
313	314	315
316	317	318
319	320	321
322	323	324
325	326	327
328	329	330
331	332	333
334	335	336
337	338	339
340	341	342
343	344	345
346	347	348
349	350	351
352	353	354
355	356	357
358	359	360
361	362	363
364	365	366
3		

AMOUNT DEDUCTIBLE	CLASS REMAINS AFTER ADJUSTMENT		HIGHEST NUMBER PREVIOUSLY AND FOR		PRESENT EXTRA	
Total	•	7	Minus	••	22	•• 28
Independent	•	3	Minus	••	8	•• 20
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<input checked="" type="checkbox"/>

NAME	HIGHER NUMBER	STANDARD
...

REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	
Total	• 6	Minus	• 22	•	✓
Independent	• 1	Minus	• 8	•	✓

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐

CLARK	HIGHEST	REPUTATION
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AMENDMENT 0	REMAINING AFTER AMENDMENT	NUMBER PREVIOUSLY PAID FOR	PAYMENT EXTRA
Total	• 5	2	•
Independent	• 1	1	•
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "V" in column 3.

* If the entry in column 1 is less than the entry in column 2, enter "Y" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "2."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number listed in the appropriate box in column 1.

SMALL ENTITY ☒ OR OTHER THAN
TYPE ☒ - SMALL ENTITY

RATE	FEE	RATE	FEE
BASIC FEE	353	BASIC FEE	
X50-	18	X510-	
X40-	200	X50-	
X35-		X270-	
TOTAL	573	TOTAL	

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X30=	
X40=	
+125=	
TOTAL ADD. FEE	

OR

RATE	ADDITIONAL FEE
X518=	
X30=	
+270=	
TOTAL ADD. FEE	

	ADDL		ADDL
--	------	--	------

RATE	MONTHLY TOTAL FEE		RATE	MONTHLY TOTAL FEE
X39=		OR	X519=	
X40=		OR	X80=	
+136=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

ADD1	ADD2
------	------

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X39=		OR	X312=	
X40=		OR	X50=	
+115=		OR	+370=	
TOTAL ADDT. FEE		OR	TOTAL ADDT. FEE	

marked in the appropriate box in column 1.

2012

PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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PATENT APPLICATION FEE DETERMINATION RECORD						Application or Docket Number 09-674035	
Substitute for Form PTO-875							
CLAIMS AS FILED – PART I <div style="display: flex; justify-content: space-around; font-size: small;"> (Column 1) (Column 2) </div>							
FOR	NUMBER FILED	NUMBER EXTRA			RATE	FEE	
BASIC FEE (37 CFR 1.16(a))						\$ _____	
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*			X \$ _____ =		OR
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*			X \$ _____ =		OR
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+ \$ _____ =		OR
					TOTAL		OR
* If the difference in column 1 is less than zero, enter "0" in column 2.							
CLAIMS AS AMENDED – PART II <div style="display: flex; justify-content: space-around; font-size: small;"> (Column 1) (Column 2) (Column 3) </div>							
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDITIONAL FEE	
	Total (37 CFR 1.16(c))	Minus	**	=	X \$ _____ =		OR
	Independent (37 CFR 1.16(b))	Minus	***	=	X \$ _____ =		OR
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$ _____ =		OR
					TOTAL ADD'L FEE		OR
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDITIONAL FEE	
	Total (37 CFR 1.16(c))	Minus	**	=	X \$ _____ =		OR
	Independent (37 CFR 1.16(b))	Minus	***	=	X \$ _____ =		OR
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$ _____ =		OR
					TOTAL ADD'L FEE		OR
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDITIONAL FEE	
	Total (37 CFR 1.16(c))	Minus	**	=	X \$ _____ =		OR
	Independent (37 CFR 1.16(b))	Minus	***	=	X \$ _____ =		OR
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ \$ _____ =		OR
					TOTAL ADD'L FEE		OR

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.